

**City of Perry
Perry Police Department
Criminal History Consent Form**

Criminal History Record

I hereby authorize Cynthia Spratling representing Houston Co. Public Library System
(Name of person to receive report) (Name of business or organization)

to receive any and all criminal history record information pertaining to me, which may be in the files of any state or local criminal justice agency.

o

Print Full Name		Social Security Number	
Street Address	City	State	Zip
Sex	Race	Date of Birth	

Signature	Date
Reason for this report:	
<input type="radio"/> Apartment Rental	(Purpose Code E)
<input type="radio"/> Employment with mentally disabled	(Purpose Code M)
<input type="radio"/> Employment with elder care	(Purpose Code N)
<input checked="" type="radio"/> Employment with children	(Purpose Code W)
<input type="radio"/> Employment with Criminal Justice agency non-sworn	(Purpose code J)
<input type="radio"/> Other Employment	(Purpose code Z)

Notary	
Signature	Date
My Commission Expires:	

PLEASE ATTACH COPY OF PHOTO I.D.

PERRY POLICE DEPARTMENT

_____ I certify that I have conducted a criminal history check in accordance with GCIC regulations on the person named above and the results were that, as of this date, this individual has no record on file.

_____ A record on the person named above is attached,

Name: _____ Date: _____

SID Number _____